

## Child Sex Trafficking: A Fact Sheet for Child Welfare Professionals

Child Sex Trafficking (CST) is a severe form of child abuse and trauma that impacts survivors in many important ways. Youth who have experienced sex trafficking often have current or past involvement with the child welfare system therefore child welfare professionals have an important role to play in identifying youth who are experiencing trafficking or are vulnerable and responding effectively to ensure their safety and support.

### 1

#### What is Child Sex Trafficking?

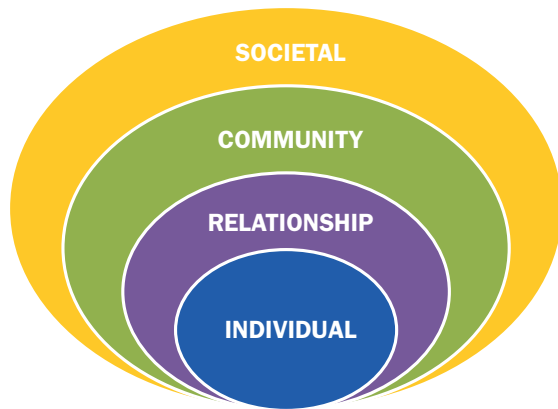
Child sex trafficking is defined as the giving or receiving of anything of value (money, shelter, food, clothing, drugs, etc.) to any person in exchange for a sex act with someone under age 18. Force, fraud, or coercion are not required nor is it required that a third party facilitates or benefits from the exchange, although these elements are often present. The following are examples of CST:

- A 6-year-old boy's parents receive drugs in exchange for sex acts with their child, who was placed with him. He is placed with relatives after his mother overdoses.
- A 14-year-old transgender youth who is homeless engages in sex acts to secure food and shelter. The youth is reported to child welfare and placed in foster care when the caregivers refuse to allow return to the home because of the youth's gender identity.
- A 16-year-old girl runs away from a group home to join her boyfriend. He posts ads on social media and facilitates cash purchases of sex with the girl at a hotel.

## 2

## Who Is Vulnerable to being Sex Trafficked?

Sex trafficking occurs among youth from all socioeconomic classes, races, ethnicities, and gender identities, in urban, suburban, and rural communities across the U.S. However, some youth may be at increased risk due to a complex interplay of individual, relationship, community, and societal factors that include the following:



**Societal:** Sexualization of children, gender-based violence, strict gender roles, homophobia and transphobia, tolerance of the marginalization of others, lack of awareness of child trafficking, lack of resources for youth who have been exploited, social injustice, structural racism, and tolerance of community and relationship violence.

**Community:** Under-resourced schools and neighborhoods, community violence, community social norms, gang presence, commercial sex in the area, transient male populations in the area, poverty, and lack of employment opportunities.

**Relationship:** Friends/family involved in commercial sex, family dysfunction, intimate partner violence, caregiver loss or separation, poverty, and unemployment.

**Individual:** Abuse/neglect, systems involvement (child protection, juvenile justice), experiencing homelessness/having run away, LGBTQ+ identity, intellectual and/or developmental disability, truancy, unmonitored/risky internet and social media use, behavioral or mental health concerns, substance use, unaccompanied migration.

## 3

## Trauma and Child Sex Trafficking

Many youth who have experienced CST have extensive trauma histories. This includes early traumatic events that may have contributed to trafficking vulnerability, especially child sexual abuse, physical abuse and neglect, traumatic loss and separation, exposure to family and community violence, as well as traumatic events while being trafficked (e.g., sexual violence, physical assault, witnessing violence against others). As a result of their experiences, youth who have experienced sex trafficking often have significant trauma-related symptoms including: difficulties with attention and concentration, control of emotions and behaviors, healthy relationships, and self-esteem. Their trauma-related experiences also often precipitate child welfare involvement.



## 4

## What Child Welfare Professionals Need to Know

Child Welfare professionals should be aware that:

- As many as 50-90% of youth who have experienced CST have a history of child welfare involvement; and 70-90% have a history of sexual abuse.
- There are a number of caregiver-related trafficking vulnerabilities. Youth who have experienced trafficking may have caregivers who do not adequately meet their basic needs. This can be due to the caregivers' own mental illness, substance use, physical illness and injury, incarceration, and/or the intergenerational cycle of trauma and abuse.
- Caregivers may have their own history of being exploited through commercial sex and may have been involved in the trafficking of their child.
- Access to safe and stable housing and placements is critical for preventing CST and mitigating the impact of CST. Placement type does matter. To strengthen placement stability, youth should be involved in the conversation and decision-making process whenever possible, as well as given placement options.
- Children who are missing from care ("run away") are at substantially increased risk for CST victimization. In turn, youth who have experienced trafficking subsequently leave placement at high rates, further exacerbating the risk of trafficking revictimization.
- Given the importance of placement stability and safety concerns for youth who leave placement, collaborative safety planning and harm reduction approaches with youth and caregivers are critical.
- Statutes and reporting laws for responding to CST often vary by state. For more information about laws pertaining to CST in your state, visit <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/>. Select your state and "responding to child victims of human trafficking" under the Child Abuse and Neglect heading.



## 5

## What Child Welfare Professionals Can Do

Child Welfare professionals have a critical role to play in identifying youth who have experienced trafficking and determining the response and provision of services. Professionals should be aware youth may be reluctant to acknowledge trafficking experiences. It is important to utilize relationship skills, strength-based language, and a trauma-informed approach in identifying and responding to the needs of each youth. For example:

- Prioritize physical and psychological safety.
- Obtain information in a private, developmentally appropriate environment.
- Respect and use the youth's chosen name and pronouns whenever possible.
- Listen without judgment, maintaining an open, respectful, and supportive demeanor.
- Build rapport and trust and understand that it may take time for youth to share information about their trauma history.
- Avoid re-traumatization by minimizing questions regarding specific details of traumatic events.
- Recognize that maladaptive coping and behavior may be related to prior trauma, fear, and anxiety.
- Inform youth of any limits to confidentiality early in the conversation.
- Talk to youth about your role and why you are asking questions. Let them know what will happen next, to the extent possible.

*"Be present and mindful of the language and engagement strategies being used...We don't want to feel like a science experiment. We do want to feel loved and accepted by another human being"*

– a CST survivor

- Engage youth in referral and treatment options. Respect their right to refuse parts of an evaluation or services.
- Offer choices, when possible, especially related to placement. Involve youth in conversations and plans about where they would like to live.
- Avoid bias and discrimination by respecting cultural, gender identity, sexual orientation, religious, racial, and other identities.
- Be prepared to address safety planning and harm reduction strategies with youth who have experienced trafficking or are at-risk. Help youth identify ways they can remain safe, people they can call, and safe places they can go. The risk of trafficking re-victimization of youth is very high.

*"It makes me feel stronger to not be a 'victim' in your eyes."*

– a CST survivor

Youth who have experienced CST may be affected in multiple areas of functioning, including:

**MENTAL HEALTH:** post-traumatic stress symptoms, depression, anxiety, suicidal ideation and self-injury, substance use problems, dissociation.

**PHYSICAL AND SEXUAL HEALTH:** pregnancy (wanted or unwanted), sexually transmitted infections (STIs), physical injuries, poor dental health, chronic physical ailments, other health conditions arising from chronic trauma.

**EDUCATION:** problems with attention, concentration, and learning; frequent absences, behind grade level, and low literacy; unidentified learning disabilities, disconnection from school system

**ECONOMIC:** limited vocational skills, unemployment, criminal record, limited life skills

**LEGAL:** arrest, detention, criminal record

**SPIRITUAL AND COMMUNITY LIFE:** disconnection from and/or rejection by others, isolation from peer group, alienation from mainstream society, lack of belief in

To learn more, visit

<https://www.nctsn.org/what-child-trauma-trauma-types/sex-trafficking>

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According to the Trafficking Victims Protection Act (TVPA), child sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or solicitation of a person under the age of 18 for the purpose of a commercial sex act (22 U.S.C. §7102 (9)(a) (4) (10) (2013). Commercial sexual exploitation of children (CSEC) is a commonly used related term.